



# Educational event registration form

Please complete this form using BLOCK CAPITALS and return to  
 BIR Registrations, 48-50 St John Street, London, EC1M 4DG  
 Telephone: 020 3668 2220 Email: [conference@bir.org.uk](mailto:conference@bir.org.uk)

Your details (please complete all fields)			
Title			
Forename		Surname	
Job title			
Organisation			
Contact address			
Tel no (day)		Email	
Special dietary requirements		Special access requirements	

Details of registration				
Details of our events and registration fees are available on our website at <a href="http://www.bir.org.uk">www.bir.org.uk</a> Please state the name of the meeting you wish to attend and the rate which applies. Please note that all virtual events have VAT added onto the listed registration fees.				
Registration rate				
Event name(s)		Event date		Price +VAT where applicable
Registration fees are subject to membership status and grade. Please visit: <a href="http://www.bir.org.uk">www.bir.org.uk</a> or contact <a href="mailto:membership@bir.org.uk">membership@bir.org.uk</a> for more information about becoming a member. Registration fees include lunch and refreshments and are exempt from VAT.				
<b>Cancellation Policy</b>				
Written cancellations must be received two weeks prior to the meeting date and a refund of the total fee paid less 25% administration costs will be made. No refunds can be made after this period. Substitutions can be made at any time. Please call 020 3668 2220 to make any amendments to your booking.				

Payment details - PLEASE READ CAREFULLY	
All payments must be made with the initial event booking. <b>We do not accept purchase orders or provide invoices. We do not make provisional bookings or accept booking forms with no accompanying payment.</b> If a registration payment is being made through an NHS trust please ensure the cheque is attached to the registration form. If we receive a loose cheque with no corresponding booking information it will not be processed. Please make cheques payable to The British Institute of Radiology.	
Payment will be made by cheque/credit/debit card for the amount of £ _____	
Card no	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CCV	<input type="text"/> <input type="text"/> <input type="text"/>
Signature	_____
<b>A receipt will be sent via email when the form and payment has been processed. Please allow up to 14 working days. If you have any queries about your booking please contact <a href="mailto:conference@bir.org.uk">conference@bir.org.uk</a>.</b>	

For office use only: Integra account number	
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